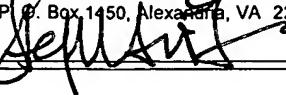


CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: 9-14-06 Name: Stephen C. Smith

Signature: 

**BRINKS
HOFER
GILSON
& LIONE**

[Handwritten signatures: J.P.W., S.L., and others]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Kam Lung Chui et al.

Appln. No.: 10/665,544

Filed: September 19, 2003

For: VACUUM CLEANER WITH LEVEL
MEASUREMENT

Attorney Docket No: 11136-198 (HCG 0156 PUS)

Examiner: Theresa T. Snider

Art Unit: 1744

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

Transmittal Letter (in duplicate); Amendment; Supplemental Information Disclosure Statement; PTO 1449 Form w/ \$180 check (IDS fee);
 Return Receipt Postcard

Fee calculation:

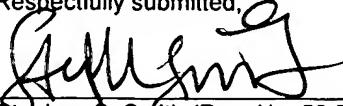
No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A Recordation of Assignment fee in an amount of \$_____.
 An additional filing fee has been calculated as shown below:

| Claims as Filed | Col. 1 | Col. 2 | Small Entity | | Not a Small Entity | | |
|--|-----------|-----------|--------------|--------|--------------------|---------|--------|
| For | No. Filed | No. Extra | Rate | Fee | or | Rate | Fee |
| Basic Fee | | | | \$ 150 | or | | \$ 300 |
| Total Claims | -20 | 0 | x\$25= | \$ | or | x\$50= | \$ |
| Independent Claims | -3 | 0 | x\$100= | \$ | or | x\$200= | \$ |
| Multiple Dependent Claims Present | | | +\$180= | \$ | or | +\$360= | \$ |
| Utility Application Size Fee (for each additional 50 sheets that exceeds 100 sheets, including specification and drawings) | | | x\$125= | \$ | or | X\$250= | \$ |
| Search Fee | | | +\$250= | \$ | or | +\$500= | \$ |
| Examination Fee | | | +\$100= | \$ | or | +\$200= | \$ |
| *If the difference in col. 1 is less than zero, enter "0" in col. 2. | | | Total | \$ | or | Total | \$ |

Fee payment:

A check in the amount of \$180 is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$_____. (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,



Stephen C. Smith (Reg. No. 56,250)

Date

9/14/2006